

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 041 ***150.00

DOCUMENT # S39948

1. Entity Name
MARTIN PRECISE PRODUCTS CORPORATION



Principal Place of Business
**2070 TIGERTAIL BLVD
STE EE2
DANIA, FL 33004 US**

Mailing Address
**2070 TIGERTAIL BLVD
STE EE2
DANIA, FL 33004 US**

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0251120

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, MARIANO J.
1985 NW 88TH CT STE 101
MIAMI, FL 33172**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ONDEVIL, ALEJANDRO
STREET ADDRESS	2070 STE AA3 TIGERTAIL BLVD
CITY-ST-ZIP	DANIA, FL
TITLE	P
NAME	LENKOFFSKY, MORRIS
STREET ADDRESS	2070 TIGERTAIL BLVD STE EE2
CITY-ST-ZIP	DANIA, FL
TITLE	S
NAME	LENKOFFSKY, RHODA LENKOFFSKY
STREET ADDRESS	2070 TIGERTAIL BLVD ST EE2
CITY-ST-ZIP	DANIA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/07 954 9290360